

**State of Missouri**



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# **Missouri Department of Mental Health**

**HIPAA Transaction X12N 837 Professional  
Companion Guide**

***Refers to the Implementation Guides  
Based on X12 version 004010(A1)***

**Version Number: 1.1  
August 15, 2003**

## **Disclosure Statement**

The information in this document describes specific data requirements to be used for processing data in the DMH system for consumer encounter information that is needed to process a claim for the vendor that has provided a service to an existing DMH consumer. Some of the information is for the time period prior to CIMOR. In those instances, that will be noted with the given information. The information in this document is subject to change. Changes will be communicated on the DMH Online Internet web site. This Companion Document supplements, but does not contradict any requirements in the X12N 837 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be made available on this site.

## **Preface**

The Health Insurance Portability and Accountability Act (HIPAA) requires that the State of Missouri, Department of Mental Health comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 837 Implementation Guide has been established as the standard of compliance of claim transactions.

This is a Companion Document to the ANSI X12N 837 Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Missouri Department of Mental Health. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ANSI X12N 837 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

## 1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is intended to provide better access to health insurance, limit fraud and abuse and reduce administrative costs of the health care industry. The provisions for administrative simplification contained within HIPAA require the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions. These transactions primarily occur between health care providers and health insurance plans or clearinghouses. HIPAA directs the Secretary of HHS to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

### 1.1 Scope

This is a Companion Guide written to provide the Department of Mental Health's EDI users a reference for building 837 Professional transactions. This Companion Guide is written as a supplement for the 837 Professional Implementation Guide. This companion Guide contains the Departments specific instructions for the creation of 837 Professional transactions. As additional information is made available to DMH, we will update this document.

### 1.2 Overview of Guide

**Getting Started** describes interacting with DMH Office of Information System's EDI Department.

**Connectivity with the Payer/Communications** will provide information on process flows.

**DMH Contact Information** this section contains the DMH contact phone numbers and the DMH OIS Customer Support Center e-mail address.

**Payer Specific Business Rules and Limitations** this section contains terminology and data instructions for specific elements.

**External Code Sets Needed for the 837** this section is a listing of the external code sets needed for transactions. These code sets are not available in the Implementation Guide.

### 1.3 References

The implementation guides for all transactions are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com). This Companion Guide is intended to serve only as a Companion Document to the HIPAA ANSI X12N 837 Implementation Guide.

### 1.4 Intended Audience

The intended audience for this document is the technical staff responsible for submitting electronic 837P claims to the Department of Mental Health.

## **2 Getting Started**

### **2.1 Working with the Department of Mental Health**

The following are DMH contact numbers for DMH:

Customer Support Center at 573-526-5888 (toll-free 888-601-4779)  
Fax Number: 573-526-6033

### **2.2 Trading Partner Registration**

Prior to testing transactions, a Trading Partner (Provider) with the Department of Mental Health must be a provider that has a current contract with DMH and have a DMH network Userid and Password. These are obtained after the provider obtains a contract to provide services for DMH.

When a provider is in active status (has a current contract with DMH) they may contact the Department of Mental Health Customer Support Center at 573-526-5888 (toll-free 888-601-4779) and ask for Production Services. DMH will assign necessary trading partner identifiers. A date and time will be scheduled for testing your transactions.

### **2.3 Certification and Testing Overview**

Each Trading Partner must successfully complete Trading Partner testing. This testing will include the Trading Partner sending the Department of Mental Health a test file. The test file should represent a sample of typical claims. The test file will not be adjudicated and is not required to mirror a production file, although using production files may be most convenient for submitters. File sizes should be close to average for the range of files typically submitted. DMH will then determine HIPAA compliancy through validating the use of required, conditional, optional, and mutually defined components of the transaction. An electronic ANSI 997 will be issued to the Trading Partner.

### **2.4 Trading Partner Testing with DMH**

The Department of Mental Health will be accepting files by File Transfer Protocol (FTP) only. Procedures for using the FTP site will be provided at the time the test is scheduled.

Please call the DMH Customer support Center at 573-526-5888 or toll-free 888-601-4779 for transmission details.

DMH will have a FTP site for Providers to send files for testing purposes. DMH will validate the incoming file then issue an electronic ANSI 997. The ANSI 997 will be placed in a holding file for the submitting provider to access.

## **3 Connectivity with DMH and Communications**

### **3.1 Process Flows**

Trading Partner contacts DMH

Trading partner identifiers are assigned and FTP information is given to Trading Partner

Trading Partner sends test transaction(s) to DMH

DMH analyses transaction for HIPAA compliancy

DMH informs Trading Partner of any problems with transactions

Once successful testing is completed, Trading Partner can begin sending 837 claim transactions

### **3.2 Transmission Administrative Procedures**

We suggest retrieval of the ANSI 997 Functional acknowledgement file on the first business day after the transaction file was submitted, but no later than seven days after the file submission.

### **3.3 Communication Protocol Specifications**

To be determined

### **3.4 Passwords**

Userid's and Passwords will be the provider's DMH Network Userid and Password that were assigned to the provider by DMH. If you do not have a DMH Userid and Password and you are an active provider, please call the Customer Support Center at 573-526-5888 (toll-free 888-601-4779).

## **4 DMH Contact Information**

### **4.1 EDI Customer Service/Technical Assistance**

If you need to contact the DMH Office of Information Systems (OIS) concerning an EDI transmission, you may call or email the OIS Customer Support Center. The telephone number is: 573-526-5888 or toll-free 888-601-4779. If email would be more convenient, the Customer Support Center's address is: MZDMHCSC@MAIL.DMH.STATE.MO.US. Either by phone or email, your inquiry will be assigned to an available EDI staff person.

### **4.2 Applicable websites**

The implementation guides for all transactions are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com). A listing of sources for the code sets is available at Claredi: <http://www.claredi.com/hipaa/codesets.php>

## 5 Payer Specific Business Rules and Limitations

- The subscriber is the consumer.
- The Subscriber Number is the current Consumer State ID
- Group ID **prior** to CIMOR starting October 15<sup>th</sup> - will be: 1 digit for the Division (2=ADA, 3=CPS, 4=MRDD), three digits for the facility number (FFF), the provider's contract sequence number (XX) and fund code (CC). DFFFXXCC
- Group ID **after** CIMOR is implemented – will be made available on a reference table.
- Member policy Number will be: DMH Plan
- The Sponsor is the Provider (Your Provider Name)
- The Sponsor's (Provider's) ETIN will be assigned by DMH
- Provider ID is their SAM II number
- The Payer is 'Missouri Dept of Mental Health'
- Each record sent will have one provider, one client and one Group ID for that client. The following information in the segments will not be processed and will cause the record to be rejected:
  - Multiple providers for one client on one record.
  - Multiple clients for one provider on one record.
  - Multiple Group IDs for one client on one record.
  - Any combination of the above.
- Multiple Services with the same Provider, same Client and same Group ID will be accepted on one record.
- All dates that are submitted on an incoming 837 claim should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in rejection of the claim.
- DMH will reject a transmission that is submitted with a submitter identification number that is not authorized for electronic claim submission.
- Compression of files is not supported for transmissions between the submitter and the Department of Mental Health.
- Negative values submitted in the following fields may not be processed and may result in the claim being rejected:
  - Total Claim Charge Amount (2300 Loop, CLM02)
  - Patient Amount Paid (2300 Loop, AMT02)
  - Payer Paid Amount (2320 Loop, AMT02)
  - Line Item Charge Amount (2400 Loop, SV102)
  - Service Unit Count (2400 Loop, SV104)
  - Total Purchased Service Amount (2300 Loop, AMT02)
- The only valid values for CLM05-3 (Claim Frequency Type Code) are '1' (ORIGINAL) and '7' (REPLACEMENT). Claims with a value of '7' will be processed as original claims and may result in duplicate claim rejection. The DMH claims processing system does not process electronic replacements.
- Missouri DMH uses '\*' as a data element separator
- Missouri DMH uses ':' as a component element separator
- Missouri DMH uses '~' as a segment terminator

## 6 External Code Sets Needed for the 837

One source for a listing of the code sets is from Claredi: <http://www.claredi.com/hipaa/codesets.php>

- Zip Code
- State
- Place of Service Code
- ICD9 Diagnosis Code
- Health Care Provider Taxonomy Code
- Claim Adjustment Reason Code
- HCPCS

Refer to the 837 Professional Implementation Guide or to the link above for additional code sets.

## 7 EDI Transaction Content

### 837 Professional Claim Transaction

DMH will use the following elements in the processing of claims.

Segment Title/Element Name	Ref	Req	Description
<b>Transaction Set Header</b>	ST	R	Repeat: 1; <b>ST*837*00001~</b>
Transaction Set Identifier Code	ST01	R	<b>'837'</b>
Transaction Set Control Number	ST02	R	Must match SE02 count
<b>Beginning of Hierarchical Transaction</b>	BHT	R	Repeat: 1; <b>BHT*0019*00*44445*20030213-0345*CH~</b>
Hierarchical Structure Code	BHT01	R	<b>'0019'</b> code for information source, subscriber, dependent
Transaction Set Purpose Code	BHT02	R	<b>'00'</b> Whether the 837 batch is original or reissue DMH will only process original claims.
Reference Identification	BHT03	R	<b>44445</b> Number assigned by submitter's system, acts as a batch control number.
Date	BHT04	R	<b>20030213</b> Transaction Set Creation Date
Time	BHT05	R	<b>0345</b> Transaction Set Creation Time
Transaction Type Code	BHT06	R	<b>CH</b> Claim or Encounter Data (Charge or Reporting) DMH will only process Chargeable claims. DMH does no reporting to Medicaid or Medicare.
<b>Transmission Type Identification</b>	REF	R	Repeat: 1; <b>REF*87*004010X098A1~</b>
Reference Identification Qualifier	REF01	R	<b>'87'</b>
Reference Identification	REF02	R	<b>004010X098A1</b> Transmission Type Code – Testing only.
<b>Loop 1000A</b>		<b>Req</b>	<b>Repeat: 1</b>
<b>Submitter Name</b>	NM1	R	Repeat: 1; <b>NM1*41*2*CLEARVIEW COMMUNITY HEALTH CENTER*****42*ETIN#~</b>
Entity Identifier Code	NM101	R	<b>'41'</b>
Entity Type Qualifier	NM102	R	<b>2</b> Code for non-person entity
Name Last or Organization Name	NM103	R	Submitter Name
Name First	NM104	S	Submitter First Name. Req'd if NM102 = '1'
Name Middle	NM105	S	Submitter Middle Name.
Name Prefix	NM106	N	Not used
Name Suffix	NM107	N	Not used
Identification Code Qualifier	NM108	R	<b>42</b> – code for ETIN
Identification Code	NM109	R	ETIN #



Segment Title/Element Name	Ref	Req	Description
<b>Submitter EDI Contact Information</b>	PER	R	<b>PER*IC*JANE DOE*TE*900555555~</b>
Contact Function Code	PER01	R	<b>'IC'</b> = information contact
Name	PER02	R	<b>Jane Doe</b> Submitter Contact Name
Communication Number Qualifier	PER03	R	<b>TE</b> = Code for telephone
Communication Number	PER04	R	<b>9005555555</b> = Complete communication number including country or area code when applicable.
Communication Number Qualifier	PER05	S	Code
Communication Number	PER06	S	Used at submitter's discretion.
Communication Number Qualifier	PER07	S	Code
Communication Number	PER08	S	Used at submitter's discretion.
<b>Loop 1000B</b>		<b>Req</b>	<b>Repeat: 1</b>
<b>Receiver Name</b>	NM1	R	<b>NM1*40*2*MISSOURI DEPT OF MENTAL HEALTH*****46*ETIN#~</b>
Entity Identifier Code	NM101	R	<b>'40'</b>
Entity Type Qualifier	NM102	R	<b>'2'</b> for non-person
Name Last or Organization Name	NM103	R	This should always be: MISSOURI DEPT OF MENTAL HEALTH spelled just as listed
Name First	NM104	N	Not used
Name Middle	NM105	N	Not used
Name Prefix	NM106	N	Not used
Name Suffix	NM107	N	Not used
Identification Code Qualifier	NM108	R	<b>'46'</b> – code for ETIN
Identification Code	NM109	R	Receiver Primary Identifier
<b>Loop 2000A</b>		<b>Req</b>	<b>Repeat: &gt;1</b>
<b>Billing/Pay-To Provider Hierarchical Level</b>	HL	R	<b>HL*1**20*1~</b>
Hierarchical ID Number	HL01	R	<b>HL01</b> must begin with '1' and be incremented by one each time an HL is used in the transaction.
Hierarchical Parent ID Number	HL02	N	Not used
Hierarchical Level Code	HL03	R	<b>'20'</b>
Hierarchical Child Code	HL04	R	Code indicating if there are hierarchical child data segments subordinate to the level being described.
<b>Loop 2010AA</b>		<b>Req</b>	<b>Repeat: 1</b>
<b>Billing Provider Name</b>	NM1	R	<b>NM1*85*2*CLEARVIEW COMMUNITY HEALTH CENTER*****24*111223333~</b>
Entity Identifier Code	NM101	R	<b>'85'</b>
Entity Type Qualifier	NM102	R	Code

Segment Title/Element Name	Ref	Req	Description
Name Last or Organization Name	NM103	R	Billing Provider Name
Name First	NM104	S	Billing Provider First Name
Name Middle	NM105	S	Billing Provider Middle Name
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	Billing Provider Name Suffix
Identification Code Qualifier	NM108	R	Code
Identification Code	NM109	R	Billing Provider Identifier
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Billing Provider Address</b>	N3	R	<b>N3*225 MAIN STREET~</b>
Address Information	N301	R	Billing Provider Address Line 1
Address Information	N302	S	Billing Provider Address Line 2
<b>Billing Provider City/State/Zip Code</b>	N4	R	<b>N4*ASHLAND*MO*65101~</b>
City Name	N401	R	Free-form text for city name
State or Province Code	N402	R	Billing Provider's State or Province Code
Postal Code	N403	R	Code defining international postal zone code excluding punctuation and blanks.
Country Code	N404	S	Code identifying the country. Req'd if address is out of the U.S.
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Billing Provider Secondary Identification</b>	REF	S	<b>REF*1G*98765~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	Billing Provider Additional Identifier
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2010AB</b>		<b>S</b>	<b>Repeat 1</b>
<b>Pay-To Provider Name</b>	NM1	R	<b>NM1*87*2* CLEARVIEW COMMUNITY HEALTH CENTER****XX*09876543~</b>
Entity Identifier Code	NM101	R	'87'
Entity Type Qualifier	NM102	R	Code
Name Last or Organization Name	NM103	R	Code
Name First	NM104	S	Req'd if NM102 = 'Person'
Name Middle	NM105	S	Req'd if known.
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	Req'd if known.
Identification Code Qualifier	NM108	R	Code
Identification Code	NM109	R	Pay-To Provider Identifier

Segment Title/Element Name	Ref	Req	Description
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Pay-To Provider Address</b>	N3	<b>R</b>	N3*222 MAIN STREET~
Address Information	N301	R	Pay-To Provider Address Line 1
Address Information	N302	S	Pay-To Provider Address Line 2
<b>Pay-To Provider City/State/ZIP Code</b>	N4	R	<b>N4*AHSLAND*MO*65101~</b>
City Name	N401	R	Free-form text for city name.
State or Province Code	N402	R	Pay-To Provider State Code
Postal Code	N403	R	Code defining international postal zone code excluding punctuation and blanks.
Country Code	N404	S	Req'd if the address is out of the U.S.
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Pay-To Provider Secondary Identification</b>	REF	S	<b>REF*1G*98765~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	Pay-To Provider Identifier
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2000B</b>		<b>R</b>	<b>Repeat &gt;1</b>
<b>Subscriber Hierarchical Level</b>	HL	R	<b>HL*2*1*22*1~</b>
Hierarchical ID Number	HL01	R	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure. ASK requires ordering from one and incremented by one (+1) and must be an integer.
Hierarchical Parent ID Number	HL02	R	ID number of the next higher hierarchical data segment.
Hierarchical Level Code	HL03	R	'22'
Hierarchical Child Code	HL04	R	Code indicating if there are hierarchical child data segments subordinate to the level being described.
<b>Subscriber Information</b>	SBR	R	<b>Repeat: 1; SBR*P*GRP01020102*****MB~</b>
Payer Responsibility Sequence Number Code	SBR01	R	Code
Individual Relationship Code	SBR02	S	Req'd when the subscriber is the same person as the patient.
Reference Identification	SBR03	S	Insured Group or Policy Number
Name	SBR04	S	Group or Plan Name.

Segment Title/Element Name	Ref	Req	Description
Insurance Type Code	SBR05	S	Code
Coordination of Benefits Code	SBR06	N	Not used
Yes/No Condition or Response Code	SBR07	N	Not used
Employment Status Code	SBR08	N	Not used
Claim Filing Indicator Code	SBR09	S	Code
<b>Patient Information</b>	PAT	S	<b>PAT*****D8*19970314*01*146~</b>
Individual Relationship Code	PAT01	N	Not used
Patient Location Code	PAT02	N	Not used
Employment Status Code	PAT03	N	Not used
Student Status Code	PAT04	N	Not used
Date Time Period Format Qualifier	PAT05	S	'D8' (CCYYMMDD).
Date Time Period	PAT06	S	Date of Death.
Unit or Basis for Measurement Code	PAT07	S	'01' – Actual Pounds'
Weight	PAT08	S	Patient Weight.
Yes/No Condition or Response Code	PAT09	S	'Y'. Pregnancy Indicator. Req'd when mandated by law. If not used, means patient is not pregnant.
<b>Loop 2010BA</b>		<b>R</b>	<b>Repeat: 1</b>
<b>Subscriber Name</b>	NM1	R	<b>NM1*IL*1*DOE*JOHN*T**JR*MI*123456~</b>
Entity Identifier Code	NM101	R	'IL'
Entity Type Qualifier	NM102	R	Code
Name Last or Organization Name	NM103	R	Subscriber Last Name
Name First	NM104	S	Subscriber First Name. Req'd if NM102 = 1.
Name Middle	NM105	S	Subscriber Middle Name.
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	Req'd if known.
Identification Code Qualifier	NM108	S	Code. Req'd if NM102 = 1.
Identification Code	NM109	S	Subscriber Primary Identifier.
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Subscriber Address</b>	N3	S	
Address Information	N301	R	Subscriber Address Line 1
Address Information	N302	S	Subscriber Address Line 2
<b>Subscriber City/State/Zip Code</b>	N4	S	<b>N4*CENTERVILLE*PA*17111~</b>
City Name	N401	R	Subscriber City Name
State or Province Code	N402	R	Subscriber State Code
Postal Code	N403	R	Subscriber Postal Zone or ZIP Code
Country Code	N404	S	Subscriber Country Code. Req'd if address is

Segment Title/Element Name	Ref	Req	Description
			out of the U.S.
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Subscriber Secondary Identification</b>	REF	S	REF*SY*528446666~
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	Subscriber Supplemental Identifier
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2010BB</b>		<b>R</b>	<b>Repeat 1</b>
<b>Payer Name</b>	NM1	R	<b>NM1*PR*2*MISSOURI DEPT OF MENTAL HEALTH*****PI*446000987~</b>
Entity Identifier Code	NM101	R	'PR'=code for payer
Entity Type Qualifier	NM102	R	'2' = code for non-person entity
Name Last or Organization Name	NM103	R	Payer Name
Name First	NM104	N	Not used
Name Middle	NM105	N	Not used
Name Prefix	NM106	N	Not used
Name Suffix	NM107	N	Not used
Identification Code Qualifier	NM108	R	Code for payer identification number
Identification Code	NM109	R	Payer Identifier
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Payer Address</b>	N3	S	<b>N3*1706 EAST ELM~</b>
Address Information	N301	R	Payer Address Line 1
Address Information	N302	S	Payer Address Line 2
<b>Payer City/State/ZIP Code</b>	N4	S	<b>N4*JEFFERSON CITY*MO*65010~</b>
City Name	N401	R	Payer City Name
State or Province Code	N402	R	Payer State Code
Postal Code	N403	R	Payer Postal Zone or ZIP Code
Country Code	N404	S	Payer Country Code.
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Payer Secondary Identifier</b>	REF	S	<b>REF*FY*435261708~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	Payer Additional Identifier
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used

Segment Title/Element Name	Ref	Req	Description
<b>Loop 2300</b>		<b>R</b>	<b>Repeat 100</b>
<b>Claim Information</b>	CLM	R	<b>CLM*A37YH556*500***11::1*Y*AY*Y*C~</b>
Claim Submitter's Identifier	CLM01	R	Patient Account Number
Monetary Amount	CLM02	R	Total Claim Charge Amount. For encounter transmissions, 0 may be a valid amount. If a negative value is submitted this field will not be processed and claim will be rejected.
Claim Filing Indicator Code	CLM03	N	Not used
Non-Institutional Claim Type Code	CLM04	N	Not used
Health Care Service Location Information	CLM05	R	Place of service code.
Facility Code Value	CLM05 -1	R	Code. Facility Type Code
Facility Code Qualifier	CLM05 -2	N	Not used
Claim Frequency Type Code	CLM05 -3	R	Claim Frequency Code
Yes/No Condition or Response Code	CLM06	R	Provider Signature on File
Provider Accept Assignment Code	CLM07	R	Medicare Assignment Code
Yes/No Condition or Response Code	CLM08	R	Benefits Assignment Certification Indicator.
Release of Information Code	CLM09	R	Code.
Patient Signature Source Code	CLM10	S	Code
Related Causes Information	CLM11	S	Accident/Employment/Related Causes
Related-Causes Code	CLM11 -1	R	Code.
Related-Causes Code	CLM11 -2	S	Code
Related-Causes Code	CLM11 -3	S	Code.
State or Province Code	CLM11 -4	S	Auto Accident State or Providence Code.
Country Code	CLM11 -5	S	Country Code
Special Program Code	CLM12	S	Special Program Indicator. Code.
Yes/No Condition or Response Code	CLM13	N	Not used
Level of Service Code	CLM14	N	Not used
Yes/No Condition or Response Code	CLM15	N	Not used
Provider Agreement Code	CLM16	S	Participation Agreement
Claim Status Code	CLM17	N	Not used
Yes/No Condition or Response Code	CLM18	N	Not used
Claim Submission Reason Code	CLM19	N	Not used
Delay Reason Code	CLM20	S	Code.
<b>Contract Information</b>	CN1	S	<b>CN1*02*550~</b>
Contract Type Code	CN101	R	Code.
Monetary Amount	CN102	S	Contract Amount
Percent	CN103	S	Contract Percent

Segment Title/Element Name	Ref	Req	Description
Reference Identification	CN104	S	Contract Code
Terms Discount Percent	CN105	S	
Version Identifier	CN106	S	Contract Version Identifier
<b>Patient Amount Paid</b>	AMT	S	<b>AMT*F5*152.45~</b>
Amount Qualifier Code	AMT01	R	'F5'
Monetary Amount	AMT02	R	Total Patient Amount Paid toward this claim. If a negative amount is recorded the field will not be processed and the claim will be rejected.
Credit/Debit Flag Code	AMT03	N	Not used
<b>Total Purchased Service Amount</b>	AMT	S	<b>AMT*NE*57.35~</b>
Amount Qualifier Code	AMT01	R	'NE'
Monetary Amount	AMT02	R	Total Purchased Service Amount. If a negative amount is recorded the field will not be processed and the claim will be rejected.
Credit/Debit Flag Code	AMT03	N	Not used
<b>Prior Authorization Referral Number</b>	REF	S	<b>REF*G1*13579~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	Prior Authorization or Referral Number
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Medical Record Number</b>	REF	S	<b>REF*EA*44444TH56~</b>
Reference Identification Qualifier	REF01	R	'EA'
Reference Identification	REF02	R	Local chart number kept at provider
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>EPSDT Referral</b>	CRC	S	<b>CRC*ZZ*Y*ST~</b> This segment is used if consumer under age 21 and is Medicaid Eligible or EPSDT eligible. CLM12 (Special Program Code) will be '01'.
Code Category	CRC01	R	'ZZ'
Yes/No Condition or Response Code	CRC02	R	Certification Condition Indicator.
Condition Indicator	CRC03	R	Code
Condition Indicator	CRC04	S	Code
Condition Indicator	CRC05	S	Code
Condition Indicator	CRC06	N	Not used
Condition Indicator	CRC07	N	Not used
<b>Health Care Diagnosis Code</b>	HI	S	<b>HI*BK:8901*BF:87200*BF:5559~</b>



Segment Title/Element Name	Ref	Req	Description
Health Care Code Information	HI01	R	Diagnosis listed in this element is assumed to be the principal diagnosis.
Code List Qualifier Code	HI01-1	R	‘BK’ – Principal Diagnosis; ICD-9 Code
Industry Code	HI01-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI01-3	N	Not used
Date Time Period	HI01-4	N	Not used
Monetary Amount	HI01-5	N	Not used
Quantity	HI01-6	N	Not used
Version Identifier	HI01-7	N	Not used
Health Care Code Information	HI02	S	Diagnosis
Code List Qualifier Code	HI02-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI02-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI02-3	N	Not used
Date Time Period	HI02-4	N	Not used
Monetary Amount	HI02-5	N	Not used
Quantity	HI02-6	N	Not used
Version Identifier	HI02-7	N	Not used
Health Care Code Information	HI03	S	Diagnosis
Code List Qualifier Code	HI03-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI03-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI03-3	N	Not used
Date Time Period	HI03-4	N	Not used
Monetary Amount	HI03-5	N	Not used
Quantity	HI03-6	N	Not used
Version Identifier	HI03-7	N	Not used
Health Care Code Information	HI04	S	Diagnosis
Code List Qualifier Code	HI04-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI04-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI04-3	N	Not used
Date Time Period	HI04-4	N	Not used
Monetary Amount	HI04-5	N	Not used
Quantity	HI04-6	N	Not used
Version Identifier	HI04-7	N	Not used
Health Care Code Information	HI05	S	Diagnosis
Code List Qualifier Code	HI05-1	R	‘BF’ – Diagnosis; ICD-9 Codes



Segment Title/Element Name	Ref	Req	Description
Industry Code	HI05-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI05-3	N	Not used
Date Time Period	HI05-4	N	Not used
Monetary Amount	HI05-5	N	Not used
Quantity	HI05-6	N	Not used
Version Identifier	HI05-7	N	Not used
Health Care Code Information	HI06	S	Diagnosis
Code List Qualifier Code	HI06-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI06-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI06-3	N	Not used
Date Time Period	HI06-4	N	Not used
Monetary Amount	HI06-5	N	Not used
Quantity	HI06-6	N	Not used
Version Identifier	HI06-7	N	Not used
Health Care Code Information	HI07	S	Diagnosis
Code List Qualifier Code	HI07-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI07-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI07-3	N	Not used
Date Time Period	HI07-4	N	Not used
Monetary Amount	HI07-5	N	Not used
Quantity	HI07-6	N	Not used
Version Identifier	HI07-7	N	Not used
Health Care Code Information	HI08	S	Diagnosis
Code List Qualifier Code	HI08-1	R	‘BF’ – Diagnosis; ICD-9 Codes
Industry Code	HI08-2	R	Diagnosis Code Diagnosis Codes have a maximum size of 5 and no decimal points.
Date Time Period Format Qualifier	HI08-3	N	Not used
Date Time Period	HI08-4	N	Not used
Monetary Amount	HI08-5	N	Not used
Quantity	HI08-6	N	Not used
Version Identifier	HI08-7	N	Not used
Health Care Code Information	HI09	N	Not used
Health Care Code Information	HI10	N	Not used
Health Care Code Information	HI11	N	Not used
Health Care Code Information	HI12	N	Not used

Segment Title/Element Name	Ref	Req	Description
<b>Loop 2310A</b>		<b>Sit</b>	<b>Repeat: 2</b>
<b>Referring Provider Name</b>	NM1	S	NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~
Entity Identifier Code	NM101	R	Code
Entity Type Qualifier	NM102	R	Code
Name Last or Organization Name	NM103	R	Referring Provider Last Name
Name First	NM104	S	Referring Provider First Name
Name Middle	NM105	S	Referring Provider Middle Name
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	
Identification Code Qualifier	NM108	S	Code
Identification Code	NM109	S	Referring Provider Identifier
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Referring Provider Specialty Information</b>	PRV	S	PRV*RF*ZZ*363LP0200N~
Provider Code	PRV01	R	'RF'
Reference Identification Qualifier	PRV02	R	'ZZ'
Reference Identification	PRV03	R	Provider Specialty Code
State or Province Code	PRV04	N	Not used
Provider Specialty Information	PRV05	N	Not used
Provider Organization Code	PRV06	N	Not used
<b>Referring Provider Secondary Identification</b>	REF	S	REF*1D*A12345~
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2310B</b>		<b>Sit</b>	<b>Repeat: 1</b>
<b>Rendering Provider Name</b>	NM1	S	NM1*82*1*BEATTY*GARY*C**SR*XX*12345678~
Entity Identifier Code	NM101	R	'82'
Entity Type Qualifier	NM102	R	Code
Name Last or Organization Name	NM103	R	
Name First	NM104	S	
Name Middle	NM105	S	
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	
Identification Code Qualifier	NM108	R	Code
Identification Code	NM109	R	

Segment Title/Element Name	Ref	Req	Description
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Rendering Provider Secondary Identification</b>	REF	S	<b>REF*1D*A12345~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2310D</b>		<b>S</b>	<b>Repeat: 1</b>
<b>Service Facility Location</b>	NM1	R	<b>NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~</b>
Entity Identifier Code	NM101	R	Code
Entity Type Qualifier	NM102	R	'2'
Name Last or Organization Name	NM103	R	Laboratory/Facility Name
Name First	NM104	N	Not used
Name Middle	NM105	N	Not used
Name Prefix	NM106	N	Not used
Name Suffix	NM107	N	Not used
Identification Code Qualifier	NM108	S	Code
Identification Code	NM109	S	
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Service Facility Location Address</b>	N3	R	<b>N3*123 MAIN STREET~</b>
Address Line	N301	R	
Address Line	N302	S	
<b>Service Facility Location City/State/Zip</b>	N4	R	<b>N4*ASHLAND*MO*75123~</b>
City Name	N401	R	
State or Province Code	N402	R	
Postal Code	N403	R	
Country Code	N404	S	
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Service Facility Location Secondary Identification</b>	REF	S	<b>REF*1D*A12345~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used

Segment Title/Element Name	Ref	Req	Description
<b>Loop 2310E</b>		<b>Sit</b>	<b>Repeat: 1</b>
<b>Supervising Provider Name</b>	NM1	R	NM1*DQ*1*KILLIAN*BART*B**II*24*222334444~
Entity Identifier Code	NM101	R	'DQ'
Entity Type Qualifier	NM102	R	'1'
Name Last or Organization Name	NM103	R	Supervising Provider Last Name
Name First	NM104	R	
Name Middle	NM105	S	
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	
Identification Code Qualifier	NM108	S	Code
Identification Code	NM109	S	
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Supervising Provider Secondary Identification</b>	REF	S	REF*1D*A12345~
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2320</b>		<b>S</b>	<b>Repeat: 10</b>
<b>Other Subscriber Information</b>	SBR	S	SBR*S*01*GR00786**MC****OF~
Payer Responsibility Sequence Number Code	SBR01	R	Code
Individual Relationship Code	SBR02	R	Code
Reference Identification	SBR03	S	Insured Group or Policy Number
Name	SBR04	S	Other Insured Group Name
Insurance Type Code	SBR05	R	Code
Coordination of Benefits Code	SBR06	N	Not used
Yes/No Condition or Response Code	SBR07	N	Not used
Employment Status Code	SBR08	N	Not used
Claim Filing Indicator Code	SBR09	S	Code
<b>Coordination of Benefits (COB) Payer Paid Amount</b>	AMT	S	AMT*D*411~
Amount Qualifier Code	AMT01	R	'D'
Monetary Amount	AMT02	R	Payer Paid Amount. If a negative amount is recorded, the field will not be processed and the claim will be rejected.
Credit/Debit Flag Code	AMT03	N	Not used

Segment Title/Element Name	Ref	Req	Description
<b>Coordination of Benefits (COB) Patient Responsibility Amount</b>	AMT	S	AMT*F2*15~
Amount Qualifier Code	AMT01	R	'F2'
Monetary Amount	AMT02	R	Other Payer Patient Responsibility Amount
Credit/Debit Flag Code	AMT03	N	Not used
<b>Coordination of Benefits (COB) Patient Amount Paid</b>	AMT	S	AMT*F5*152.45~
Amount Qualifier Code	AMT01	R	'F5'
Monetary Amount	AMT02	R	Other Payer Patient Paid Amount
Credit/Debit Flag Code	AMT03	N	Not used
<b>Other Insurance Coverage Information</b>	OI	R	OI***Y*B**Y~
Claim Filing Indicator Code	OI01	N	Not used
Claim Submission Reason Code	OI02	N	Not used
Yes/No Condition or Response Code	OI03	R	Assignment of Benefits Indicator
Patient Signature Source Code	OI04	S	Code
Provider Agreement Code	OI05	N	Not used
Release of Information Code	OI06	R	Code
<b>Loop 2330A</b>		<b>S</b>	<b>Repeat: 1</b>
<b>Other Subscriber Name</b>	NM1	R	NM1*IL*1*DOE*JOHN*T**JR*MI*123456~
Entity Identifier Code	NM101	R	'IL'
Entity Type Qualifier	NM102	R	Code
Name Last or Organization Name	NM103	R	Subscriber Last Name
Name First	NM104	S	
Name Middle	NM105	S	
Name Prefix	NM106	N	Not used
Name Suffix	NM107	S	
Identification Code Qualifier	NM108	R	Code
Identification Code	NM109	R	
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Other Subscriber Address</b>	N3	S	N3*4320 WASHINGTON ST*SUITE 100~
Address Information	N301	R	Address
Address Information	N302	S	Address
<b>Other Subscriber City/State/Zip Code</b>	N4	S	N4*JEFFERSON CITY*MO*65010~
City Name	N401	S	Other Insured City Name
State or Province Code	N402	S	Subscriber State Code

Segment Title/Element Name	Ref	Req	Description
Postal Code	N403	S	
Country Code	N404	S	
Location Qualifier	N405	N	Not used
Location Identifier	N406	N	Not used
<b>Other Subscriber Secondary Identification</b>	REF	S	<b>REF*SY*528446666~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2330B</b>		<b>S</b>	<b>Repeat:1</b>
<b>Other Payer Name</b>	NM1	R	<b>NM1*PR*2*UNION MUTUAL OF MISSOURI*****PI*11122333~</b>
Entity Identifier Code	NM101	R	'PR'
Entity Type Qualifier	NM102	R	'2'
Name Last or Organization Name	NM103	R	Payer Name
Name First	NM104	N	Not used
Name Middle	NM105	N	Not used
Name Prefix	NM106	N	Not used
Name Suffix	NM107	N	Not used
Identification Code Qualifier	NM108	R	Code
Identification Code	NM109	R	
Entity Relationship Code	NM110	N	Not used
Entity Identifier Code	NM111	N	Not used
<b>Other Payer Contact Information</b>	PER	S	<b>PER*IC*SHELLY*TE*5552340000~</b>
Contact Function Code	PER01	R	'IC'
Name	PER02	R	Free-form Name
Communication Number Qualifier	PER03	R	Code
Communication Number	PER04	R	
Communication Number Qualifier	PER05	S	Code
Communication Number	PER06	S	
Communication Number Qualifier	PER07	S	Code
Communication Number	PER08	S	
Contact Inquiry Reference	PER09	N	Not used
<b>Claim Adjudication Date</b>	DTP	S	<b>DTP*573*D8*19980314~</b>
Date/Time Qualifier	DTP01	R	'573'
Date Time Period Format Qualifier	DTP02	R	'D8'
Date Time Period	DTP03	R	Adjudication or Payment Date

Segment Title/Element Name	Ref	Req	Description
<b>Other Payer Secondary Identifier</b>	REF	S	<b>REF*FY*435261708~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Other Payer Prior Authorization or Referral Number</b>	REF	S	<b>REF*G1*AB333-Y5~</b>
Reference Identification Qualifier	REF01	R	Code
Reference Identification	REF02	R	
Description	REF03	N	Not used
Reference Identifier	REF04	N	Not used
<b>Loop 2400</b>		<b>R</b>	<b>Repeat: 50</b>
<b>Service Line</b>	LX	R	<b>LX*1~</b>
Assigned Number	LX01	R	Line Counter
<b>Professional Service</b>	SV1	R	<b>SV1*HC:99211:25*12.25*UN*1*11**1:2:3**N~</b>
Composite Medical Procedure Identifier	SV101	R	Procedure Identifier
Product/Service ID/Qualifier	SV101-1	R	Product or Service ID Qualifier
Product/Service ID	SV101-2	R	Procedure Code
Procedure Modifier	SV101-3	S	Procedure Modifier
Procedure Modifier	SV101-4	S	Procedure Modifier
Procedure Modifier	SV101-5	S	Procedure Modifier
Procedure Modifier	SV101-6	S	Procedure Modifier
Description	SV101-7	R	
Monetary Amount	SV102	R	Line Item Charge Amount If a negative amount is recorded, the field will not be processed and the claim will be rejected.
Unit or Basis for Measurement Code	SV103	R	Code
Quantity	SV104	R	Service Unit Count If a negative amount is recorded, the field will not be processed and the claim will be rejected.
Facility Code Value	SV105	S	Place of Service Code
Service Type Code	SV106	N	Not used
Composite Diagnosis Code Pointer	SV107	S	
Diagnosis Code Pointer	SV107-1	R	Primary Diagnosis for this service line Diagnosis Codes have a maximum size of 5 and

Segment Title/Element Name	Ref	Req	Description
			no decimal points.
Diagnosis Code Pointer	SV107-2	S	Diagnosis Codes have a maximum size of 5 and no decimal points.
Diagnosis Code Pointer	SV107-3	S	Diagnosis Codes have a maximum size of 5 and no decimal points.
Diagnosis Code Pointer	SV107-4	S	Diagnosis Codes have a maximum size of 5 and no decimal points.
Monetary Amount	SV108	N	Not used
Yes/No Condition or Response Code	SV109	S	Emergency Indicator
Multiple Procedure Code	SV110	N	
Yes/No Condition or Response Code	SV111	S	EPSDT Indicator (Early and Periodic Screening for Diagnosis and Treatment of children)
Yes/No Condition or Response Code	SV112	S	Family Planning Indicator
Review Code	SV113	N	Not used
National or Local Assigned Review Value	SV114	N	Not used
Copay Status Code	SV115	S	Co-Pay Waiver
Health Care Professional Shortage Area Code	SV116	N	Not used
Reference Identifier	SV117	N	Not used
Postal Code	SV118	N	Not used
Monetary Amount	SV119	N	Not used
Level of Care Code	SV120	N	Not used
Provider Agreement Code	SV121	N	Not used
<b>Date – Service Date</b>	DTP	R	<b>DTP*472*RD8*19970607-19970608~</b>
Date/Time Qualifier	DTP01	R	‘472’
Date Time Period Format Qualifier	DTP02	R	Code
Date Time Period	DTP03	R	Service Date
<b>Loop:</b>		<b>R</b>	<b>Repeat: 1</b>
<b>Transaction Set Trailer</b>	SE	R	<b>SE*211*987654~</b>
Number of Included Segments	SE01	R	Transaction Segment Count
Transaction Set Control Number	SE02	R	



## Appendix A:

### Business Scenario

This is a scenario for billing a claim for 1 provider, 1 client and 1 service for 4 days in a given month to DMH.

#### Descriptions:

- Patient is the Subscriber.
- Payer is DMH.
- Encounter is transmitted from the managing organization (the provider).
- Submitter is the provider.
- Receiver is DMH.
- Provider number is the Sam II Vendor number
- ETIN will be the ETIN number assigned by DMH
- Always fill the Billing Provider, Pay to Provider and the Rendering Provider, even if they are all the same entity
- DMH will begin using the HCPCS on October 16, 2003
- Group ID **prior** to CIMOR - will be the Division 1 digit code (D) (2=ADA, 3=CPS, 4=MRDD), Facility code 3 digit number (FFF), the provider's contract sequence number (XX) and fund code (CC).  
DFFFXXCC

**SUBSCRIBER/PATIENT:** Ted Smith,  
ADDRESS: 236 N. Main St., Columbia, MO, 65201,  
TELEPHONE NUMBER: 573-555-1111  
SEX: M  
DOB: 05/01/63  
EMPLOYER: Unemployed  
PAYER ID NUMBER: DMH State ID/National Plan ID for DMH  
Subscriber No. (DMH Consumer ID): 555100  
**DESTINATION PAYER:** Missouri Dept. of Mental Health,  
PAYOR ADDRESS: 1706 East Elm St, Jefferson City, MO 65101 ,  
MO DMH #: 446000987  
**RECEIVER:** Missouri Dept. of Mental Health  
ETIN#: 65102008  
**PAY-TO PROVIDER:** Clearview Community Health Center  
PROVIDER ADDRESS: 2345 Golden Blvd, Columbia, MO 65201.  
PROVIDER ID: 58-123456789 (Sam II Vendor Number)  
**SUBMITTER:** Clearview Community Health Center  
PROVIDER ADDRESS: 2345 Golden Blvd, Columbia, MO 65201.  
PROVIDER ID: 58-123456789 (Sam II Vendor Number)  
ETIN: ETIN #  
**SUBMITTER EDI CONTACT:** Jerry at 573-555-2222. Ext: 231

**RENDERING PROVIDER:** Susan Jones, MSW

**PATIENT ACCOUNT NUMBER:** 2-646-2967 (Number assigned by provider)

CASE: Patient is enrolled in Individual Counseling

Group ID= DFFFXXCC (see explanation of Group ID above)

Primary Diagnosis: Schizophrenia, Chronic undifferentiated

Primary Diagnosis number: 295.01 (ICD9 code)

**INITIAL VISIT:** DOS=5/01/03. POS=In Home

Units 1

CHARGES: In home visit = \$50.00

**FOLLOW-UP VISITS:** DOS=5/2/03 through 5/4/03 POS=In home

Additional treatment needed.

SERVICES: H0001.13 Community Support In Home

DAILY CHARGES: Per Day = \$50.00.

**TOTAL CHARGES:** \$200.00

**ELECTRONIC ROUTE:** billing provider (sender) to DMH (receiver);

## Appendix B:

### Transaction Segments/Elements

Seg #	Loop	Segment/Element String
1	TRANSACTION SET HEADER	<b>ST*837*0021~</b> <b>ST</b> -required header <b>837</b> -required transaction type - Health Care Claim <b>0021</b> -sequence number generated by the sending facility; must match SE02
2	BEGINNING OF HIERARCHICAL TRANSACTION	<b>BHT*0019*00*0123*20030506*1023*CH~</b> <b>BHT</b> -required header <b>0019</b> - Code for Information source/subscriber <b>00</b> -Code for Original Claim <b>0123</b> -Originator Application Transaction Identifier <b>20030506</b> -Date the submitter (provider) created the file <b>1023</b> -Time of day that the submitter(provider) created the file <b>CH</b> -Code-Use when the transaction contains only fee for service claims or claims with at least one chargeable line item.
3	TRANSMISSION TYPE IDENTIFICATION	<b>REF*87*004010X098~</b> <b>REF</b> -Reference Identification <b>87</b> -Functional Category (only code available) <b>00401098A1</b> -Production Mode transaction value
4	<b>1000A</b> SUBMITTER NAME	<b>NM1*41*2*CLEARVIEW COMMUNITY HEALTH CENTER*****46*ETIN #~</b> <b>NM1</b> -Individual or Organization Name <b>41</b> -Code for submitter <b>2</b> -Code for non-person entity <b>Clearview Community Health Center</b> -Name of provider <b>*****</b> -Not used elements <b>46</b> -Code for Electronic Transmitter Identification Number (ETIN) <b>ETIN23</b> -Provider ETIN will be assigned by DMH
5	SUBMITTER EDI CONTACT INFORMATION	<b>PER*IC*JERRY*TE*5735552222*EX*231~</b> <b>PER</b> -Contact Function Code <b>IC</b> -Code for information contact at the submitters

Seg #	Loop	Segment/Element String
		<b>JERRY</b> -first name of the contact person <b>TE</b> -Code for telephone number of contact person <b>5735552222</b> -telephone number of contact person <b>EX</b> -code for extension number <b>231</b> -extension number of contact person
6	1000B RECEIVER NAME	<b>NM1*40*2*MISSOURI DEPT OF MENTAL HEALTH*****65102008~</b> <b>NM1</b> -Header for Receiver Name <b>40</b> -Code indicating receiver <b>2</b> -Code indicating non person entity <b>MISSOURI DEPT OF MENTAL HEALTH</b> -Receiver Organization Name <b>*****</b> Indicates elements not used <b>46</b> - Indicates the following is the ETIN of the receiver organization <b>65102008</b> -the Electronic transmitter identification number for the receiver organization
7	2000A BILLING/PAY-TO PROVIDER HL LOOP	<b>HL*1**20*1~</b> <b>HL</b> - Header for Hierarchical Level <b>1</b> -Unique number assigned by submitter: starts at one and incremented by one <b>20</b> - Code indicating information source <b>1</b> -Child code for HL
8	2010AA BILLING PROVIDER NAME	<b>NM1*85*2*CLEARVIEW COMMUNITY HEALTH CENTER*****24*587654321~</b> <b>NM1</b> -Header for Billing Provider <b>85</b> -code indicating billing provider <b>2</b> -code indicating Non-Person entity <b>Clearview Community Health Center</b> - name of the billing provider <b>*****</b> Indicates elements not used <b>24</b> -Code for Employers Identification Number <b>587654321</b> -Employer's Identification Number
9	BILLING PROVIDER ADDRESS	<b>N3*2345 Golden Blvd~</b> <b>N3</b> -Header for Billing Provider Address <b>2345 Golden Blvd</b> -Billing Provider address
10	BILLING PROVIDER CITY/STATE/ZIP	<b>N4*Columbia*MO*65201~</b> <b>N4</b> -Header for Billing Provider City/State/Zip <b>Columbia</b> -City for billing provider

Seg #	Loop	Segment/Element String
		<b>MO</b> -State for Billing Provider <b>65201</b> - zip code for Billing Provider
	BILLING PROVIDER SECONDARY INFORMATION	Use this segment if needed
11	<b>2010AB</b> PAY-TO PROVIDER NAME	<b>NM1*87*2* CLEARVIEW COMMUNITY HEALTH CENTER***24*446000987~</b> <b>NM1</b> -Header for Provider Name <b>87</b> -Code indicating receiver <b>2</b> -Code indicating non person entity <b>CLEARVIEW COMMUNITY HEALTH CENTER -</b> Receiver Organization Name <b>*****</b> Indicates elements not used <b>46</b> - Indicates the following is the ETIN <b>ETIN #</b> -the Electronic transmitter identification number for the receiver organization
12	PAY-TO PROVIDER ADDRESS	<b>N3*2345 GOLDEN BLVD~</b> <b>N3</b> -Header for Payer Address <b>2345 GOLDEN BLVD</b> -Payer Address
13	PAY-TO PROVIDER CITY/STATE/ZIP	<b>N4*COLUMBIA*MO*65101~</b> <b>N4</b> -Header for Payer City/State/Zip <b>JEFFERSON CITY</b> -City for Payer <b>MO</b> -State for Payer <b>65101</b> - Zip code for Payer
	PAY-TO PROVIDER SECONDARY IDENTIFICATION	Use this segment if needed
14	<b>2000B</b> SUBSCRIBER HL LOOP	<b>HL*2*1*22*0~</b> <b>HL</b> -Header for the Subscriber Hierarchical Level <b>2</b> -Number assigned by the sender <b>1</b> -ID number of the next higher hierarchical data segment that the data segment is subordinate to <b>22</b> -code indicating the subscriber <b>0</b> -code that indicates no subordinate HL segment in this hierarchical Structure
15	SBR SUBSCRIBER INFORMATION	<b>SBR*P*18*DFFFXCC*****HM~</b> <b>SBR</b> -Header for Subscriber Information <b>P</b> -Code that indicates the insurance carrier's level of responsibility for a payment of a claim <b>18</b> -Code indicates the Subscriber is the

Seg #	Loop	Segment/Element String
		same person as the patient <b>DDFFXXCC</b> -DMH Group ID (SEE ABOVE) <b>*****</b> segments not used <b>HM</b> -Indicates a Health Maintenance Organization
	PATIENT INFORMATION	Use this segment if needed
16	2010BA SUBSCRIBER NAME	<b>NM1*IL*1*SMITH*TED****MI*555100~</b> <b>NM1</b> -Header for subscriber information <b>IL</b> -code indicates subscriber <b>1</b> -code indicates a person <b>Smith</b> -Last name of the subscriber <b>Ted</b> -First name of the subscriber <b>****</b> indicates segments not used <b>MI</b> -code indicating that the member identification number will follow <b>555100</b> -DMH Consumer State ID
17	SUBSCRIBER ADDRESS	<b>N3*236 N MAIN ST~</b> <b>N3</b> -Header for Subscriber Address <b>236 N MAIN ST</b> -Subscriber Address
18	SUBSCRIBER CITY/STATE/ZIP	<b>N4*COLUMBIA*MO*65201~</b> <b>N4</b> -Header for Subscriber City/State/Zip <b>Columbia</b> -City for subscriber <b>MO</b> -State for subscriber <b>65201</b> - zip code for subscriber
19	SUBSCRIBER SECONDARY INFORMATION	<b>REF*SY*3554448888</b> <b>REF</b> required <b>SY</b> - code for Social Security Number <b>3554448888</b> - Consumer's Social Security Number
20	2010BB PAYER NAME	<b>NM1*PR*2*MISSOURI DEPT OF MENTAL HEALTH*****PI*741234~</b> <b>NM1</b> -Header for Organizational Name <b>PR</b> -Code for payer <b>2</b> -code for non-person entity <b>MISSOURI DEPT OF MENTAL HEALTH</b> -payer organizational Name <b>*****</b> elements not used <b>PI</b> -code indicating the Payer identification number <b>446000987</b> -State of Missouri Federal Tax ID number
21	PAYER ADDRESS	<b>N3*1706 EAST ELM STREET~</b> <b>N3</b> -Header for Payer Address <b>1706 EAST ELM STREET</b> -Payer Address
22	PAYER CITY/STATE/ZIP	<b>N4*JEFFERSON CITY*MO*65101~</b>

Seg #	Loop	Segment/Element String
		<b>N4</b> -Header for Payer City/State/Zip <b>JEFFERSON CITY</b> -City for Payer <b>MO</b> -State for Payer <b>65101</b> - Zip code for Payer
	PAYER SECONDARY IDENTIFICATION	Use this segment if needed
23	2300 CLAIM LEVEL INFORMATION	<b>CLM*26462967*200***12::1*Y*A*Y*B~</b> <b>CLM</b> -Header for claim information <b>26462967</b> -Provider's patient number or Claim Number. Must be unique all the way through. <b>200</b> -Total claim charge amount <b>***</b> indicates segments not used <b>12</b> -Health service location indicating Home <b>::</b> Indicates next segment not used <b>1</b> - Claim Frequency Code-indicates the frequency of this service is See Medicaid Companion Guide for codes 7 and 8. <b>Y</b> -Yes, provider signature is on file <b>A</b> -Code indicating that the provider accepts the assignment <b>Y</b> -Yes, the provider has been assigned benefits by an authorized person <b>Y</b> -Yes, provider has a signed statement permitting release of medical billing data related to a claim <b>B</b> -Signed signature authorization form on file DMH will use Code B.
	DATE ACCIDENT	This segment should only be used when CLM11 is 'OA' for other accident
	DATE ADMISSION	This segment is used when inpatient is receiving a service from a medical doctor that goes on a 837P rather than on the 837I.
	DATE DISCHARGED	This segment used to indicate the final claim on this claim number.
24	CONTRACT INFORMATION	<b>CN1*04***CDA10001**2.0~</b> <b>CN1</b> -Header for Contract Information segment <b>04</b> -Contract type code for Flat rate <b>***</b> elements not used <b>CDA10001</b> -Contract Number used for the claim. Not used for State Facility, just used for all Contract Providers

Seg #	Loop	Segment/Element String
		**element not used 2.0- Version number on Provider Contract
25	PATIENT AMOUNT PAID	<b>AMT*F5*25.00~</b> <b>AMT</b> -Header for Patient Amount Paid <b>F5</b> -code for Patient Amount Paid <b>25.00</b> -Monitary amount for the sum of all amounts paid on the claim by the patient or his/her representative(s) in conjunction with the SMT amount. This causes the monthly deductible amount to decrease.
26	PRIOR AUTHORIZATION REFERRAL NUMBER	<b>REF*G1*13579~</b> This segment is used when the service provided was prior authorized. <b>REF</b> -Header for prior authorization number <b>G1</b> -Code indicates the number that follows is the prior authorization number <b>13579</b> -The prior authorization number
	ORGINAL REFERENCE NUMBER	Ties back to the original claim number. This is needed for timely claim issues.
27	MEDICAL RECORD NUMBER	<b>REF*EA*44444444~</b>  <b>REF</b> -Header for medical record number <b>EA</b> -Code for medical record number <b>44444444</b> -Used at the discretion of the submitter, created by the submitter
	EPSDT REFERRAL	This segment used if consumer is under the age of 21 and is Medicaid Eligible or EPSDT eligible. CLM 12 will be '01' Use this segment if needed
28	HEALTH CARE DIAGNOSIS CODE	<b>HI*BK:29501~</b> <b>HI</b> -Header for Health care diagnosis code <b>BK</b> -code indicating Principal Diagnosis <b>295.01</b> -ICD-9 Diagnosis code
	REFERRING PROVIDER NAME	Use this segment if needed
	REFERRING PROVIDER SPECIALTY INFORMATION	Use this segment if needed
	REFERRING PROVIDER SECONDARY INFORMATION	Use this segment if needed
29	<b>2310B</b> RENDERING PROVIDER NAME	<b>NM1*82*1*JONES*SUSAN*C**MSW*34*456789999~</b> <b>NM1</b> -Header for rendering provider



Seg #	Loop	Segment/Element String
		<b>82</b> -Code for Rendering Provider <b>1</b> -code for Person <b>JONES</b> -last name of rendering provider <b>SUSAN</b> -first name of rendering provider <b>MSW</b> -Name Suffix <b>34</b> -code for social security number <b>456789999</b> -social security number
	RENDERING PROVIDER SECONDARY IDENTIFICATION	Use this segment if needed
	<b>2310D</b> SERVICE FACILITY LOCATION	Use this segment if needed
	SERVICE FACILITY LOCATION ADDRESS	Use this segment if needed
	SERVICE FACILITY LOCATION CITY/STATE/ZIP	Use this segment if needed
	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	Use this segment if needed
	<b>2310E</b> SUPERVISING PROVIDER NAME	This section is used for the attending physician
	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	
	<b>2320</b> OTHER SUBSCRIBER INFORMATION	Use when other payers are involved.
	CLAIM LEVEL ADJUSTMENTS	This segment used to show payments that have been made.
	COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT	Use this segment if needed
	COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITY	Use this segment if needed
	COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT	Use this segment if needed
	OTHER INSURANCE COVERAGE INFORMATION	Use this segment if needed
	<b>2330A</b> OTHER	Use this segment if needed

Seg #	Loop	Segment/Element String
	SUBSCRIBER NAME	
	OTHER SUBSCRIBER ADDRESS	Use this segment if needed
	OTHER SUBSCRIBER CITY/STATE/ZIP	Use this segment if needed
	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	Use this segment if needed
	<b>2330B</b> OTHER PAYER NAME	Use this segment if needed
	OTHER PAYER CONTACT INFORMATION	Use this segment if needed
	CLAIM ADJUDICATION DATE	Use this segment if needed
	OTHER PAYER SECONDARY IDENTIFIER	Use this segment if needed
	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	Use this segment if needed
	OTHER PAYER CLAIM ADJUST MENT INDICATOR	Use this segment if needed
30	<b>2400</b> SERVICE LINE COUNTER	<b>LX*1~</b> <b>LX</b> -Service line Header <b>1</b> -this segment begins with 1 and in incremented by 1.
31	PROFESSIONAL SERVICE	<b>SV1*HC&gt;H0009*40&gt;UN*1***1*N ~</b> <b>SV1</b> -Header for Professional Service <b>HC</b> -code indicating HCPCS code to follow <b>H0009</b> -the HCPCS code <b>40</b> -Procedure modifier <b>UN</b> -Code for Unit <b>1</b> -Quantity of service <b>1</b> -First diagnosis code pointer <b>N</b> -code for not an emergency
32	DATE - SERVICE DATE(S)	<b>DTP*472*D8*20030501~</b> <b>DTP</b> -Header for date <b>D8</b> -Date indicator <b>20030501</b> -first date of service
33	2400 SERVICE LINE COUNTER	<b>LX*2~</b> <b>LX</b> -Service line Header <b>2</b> -this segment begins with 1 and in incremented by 1.

Seg #	Loop	Segment/Element String
34	PROFESSIONAL SERVICE	<b>SV1*HC&gt;H0009*40&gt;UN*1***1*N ~</b> <b>SV1</b> -Header for Professional Service <b>HC</b> -code indicating HCPCS code to follow <b>H0009</b> -the HCPCS code <b>40</b> -Procedure modifier <b>UN</b> -Code for Unit <b>1</b> -Quantity of service <b>1</b> -First diagnosis code pointer <b>N</b> -code for not an emergency
35	DATE - SERVICE DATE(S)	<b>DTP*472*D8*20030502~</b> <b>DTP</b> -Header for date <b>D8</b> -Date indicator <b>20030501</b> -Second date of service
36	2400 SERVICE LINE COUNTER	<b>LX*3~</b> <b>LX</b> -Service line Header <b>3</b> -this segment begins with 1 and in incremented by 1.
37	PROFESSIONAL SERVICE	<b>SV1*HC&gt;H0009*40&gt;UN*1***1*N ~</b> <b>SV1</b> -Header for Professional Service <b>HC</b> -code indicating HCPCS code to follow <b>H0009</b> -the HCPCS code <b>40</b> -Procedure modifier <b>UN</b> -Code for Unit <b>1</b> -Quantity of service <b>1</b> -First diagnosis code pointer <b>N</b> -code for not an emergency
38	DATE - SERVICE DATE(S)	<b>DTP*472*D8*20030501~</b> <b>DTP</b> -Header for date <b>D8</b> -Date indicator <b>20030503</b> -Third date of service
39	2400 SERVICE LINE COUNTER	<b>LX*4~</b> <b>LX</b> -Service line Header <b>4</b> -this segment begins with 1 and in incremented by 1.
40	PROFESSIONAL SERVICE	<b>SV1*HC&gt;H0009*40&gt;UN*1***1*N ~</b> <b>SV1</b> -Header for Professional Service <b>HC</b> -code indicating HCPCS code to follow <b>H0009</b> -the HCPCS code <b>40</b> -Procedure modifier <b>UN</b> -Code for Unit <b>1</b> -Quantity of service <b>1</b> -First diagnosis code pointer <b>N</b> -code for not an emergency
41	DATE - SERVICE DATE(S)	<b>DTP*472*D8*20030501~</b> <b>DTP</b> -Header for date

Seg #	Loop	Segment/Element String
		D8-Date indicator 20030504-Fourth date of service
42	TRANSACTION SET TRAILER	SE*42*0021~ SE-Required header for trailer 39-Number of lines 0021-Matching number to ST02

Appendix C:

**Transaction Example** This example transaction uses the information in Appendix A and B.

ST\*837\*0021~ BHT\*0019\*00\*0123\*20030506\*1023\*CH~REF\*87\*004010X098~  
 NM1\*41\*2\*CLEARVIEW COMMUNITY HEALTH CENTER\*\*\*\*\*46\*ETIN #~  
 PER\*IC\*JERRY\*TE\*5735552222\*EX\*231~NM1\*40\*2\*MISSOURI DEPT OF MENTAL  
 HEALTH\*\*\*\*\*65102008~HL\*1\*\*20\*1~NM1\*85\*2\*CLEARVIEW COMMUNITY HEALTH  
 CENTER\*\*\*\*\*24\*587654321~N3\*2345 Golden Blvd~N4\*Columbia\*MO\*65201~  
 NM1\*87\*2\* CLEARVIEW COMMUNITY HEALTH CENTER\*\*\*24\*446000987~  
 N3\*2345 GOLDEN BLVD~ N4\*COLUMBIA\*MO\*65101~ HL\*2\*1\*22\*0~  
 SBR\*P\*18\*DFFFXCC\*\*\*\*\*HM~ NM1\*IL\*1\*SMITH\*TED\*\*\*\*MI\*555100~  
 N3\*236 N MAIN ST~ N4\*COLUMBIA\*MO\*65201~ REF\*SY\*3554448888~  
 NM1\*PR\*2\*MISSOURI DEPT OF MENTAL HEALTH\*\*\*\*\*PI\*741234~  
 N3\*1706 EAST ELM STREET~ N4\*JEFFERSON CITY\*MO\*65101~  
 CLM\*26462967\*200\*\*\*12::1\*Y\*A\*Y\*Y\*B~ CN1\*04\*\*\*CDA10001\*\*2.0~  
 AMT\*F5\*25.00~ REF\*G1\*13579~ REF\*EA\*444444444~  
 HI\*BK:29501~ NM1\*82\*1\*JONES\*SUSAN\*C\*\*MSW\*34\*456789999~  
 LX\*1~ SV1\*HC>H0009\*40>UN\*1\*\*\*1\*N ~ DTP\*472\*D8\*20030501~  
 LX\*2~ SV1\*HC>H0009\*40>UN\*1\*\*\*1\*N ~ DTP\*472\*D8\*20030502~  
 LX\*3~ SV1\*HC>H0009\*40>UN\*1\*\*\*1\*N ~ DTP\*472\*D8\*20030501~  
 LX\*4~ SV1\*HC>H0009\*40>UN\*1\*\*\*1\*N ~ DTP\*472\*D8\*20030501~  
 SE\*42\*0021~